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Montana State Plan



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for Rehabilitation Facilities and Workshops

1971
Addendum

Division of Vocational Rehabilitation



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ADDENDUM
TO
STATE PLAN FOR
REHABILITATION FACILITIES AND WORKSHOPS
M O N T A N A

Division of Vocational Rehabilitation
507 Power Block
Helena, Montana 59601

J. C. Carver, State Director

Date of Preparation
June 1, 1971

F O R E W O R D

The State of Montana Division of Vocational Rehabilitation Facilities and Workshops Plan is a public document intended to be utilized in guiding and influencing the establishment and improvement of rehabilitation facilities within the state. This document is being submitted as the third annual addendum to the Montana State Plan for Rehabilitation Facilities and Workshops. In accordance with the guidelines attached to Commissioner's Letter 68-41, dated June 18, 1968, this addendum is designed to maintain the "State Plan" as a current and effective tool in providing high quality rehabilitation services for all segments of the population of the state of Montana in the areas of the physically, mentally, and emotional disabled. It is hoped that this addendum will fulfill its desired purpose and that the disabled people of Montana will benefit through the much needed services provided by these facilities.

Duane H. Cunningham
Facilities Specialist
Division of Vocational Rehabilitation

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POLICY AND METHOD
OF THE
REHABILITATION FACILITIES PROGRAM

A brief overview of the development of the facilities program in Montana will bring the reader into focus with the present situation.

In 1965, according to the 1965 amendments, an administrative staff position was approved for a person designated to do planning, set up standards, and assure effective development and utilization of Rehabilitation Facilities within the state. In Montana, as in most states, the Rehabilitation Facilities Specialist was appointed to this position for the specific purpose of dealing with problems relating to rehabilitation facilities and workshops.

In 1966, an application was submitted to the Department of Health, Education, and Welfare, Vocational Rehabilitation Administration for a Statewide Planning Grant. A Planning Director was hired, and a final report was submitted in 1968. The original Montana State Plan for Rehabilitation Facilities and Workshops was written as a result of the findings of the Statewide Planning surveys and was also published in 1968. The initial planning process for the State Plan was set up in four phases identified as follows: (1) Preparatory activities, (2) inventory and utilization of rehabilitation facilities, (3) determination of needs, and (4) continuing activities. The first three phases were primarily completed with the publication of the original Facilities Plan in 1968, and the fourth phase is reflected in the subsequent annual addendums. The state Facilities Specialist, with the help of the Facilities Advisory Committee, remains responsible for

providing a continuing program for the State's needs as they concern the establishment, utilization, development, and improvement of rehabilitation facilities and workshops.

PLANNING RELATIONSHIPS

It is anticipated that in the future, closer cooperation among the various state agencies and organizations in the planning and development of rehabilitation facilities in Montana will become inevitable. Several reasons can be cited for this. First of all, Montana is in the process of a complete Executive Reorganization of the state government. Many of the present state agencies will be engulfed by larger agencies or will be consolidated into a new larger agency. Many of these consolidated agencies will have centralized planning divisions, accounting divisions, statistical divisions, etc. In fact, some agencies may no longer have their own individual budgets, as it will be a part of a larger, more general budget. Close coordination and cooperation will have to be maintained to facilitate effective planning for rehabilitation.

Secondly, it must be pointed out that in the last year or two, Federal funds available through the Rehabilitation Services Administration for the establishment and improvement of rehabilitation facilities have been quite limited. This, of course, places more responsibility on state agencies and individual communities, where it rightfully belongs; however, at this point, another factor comes into play.

While Federal funds available through the Rehabilitation Services Administration are limited, they are available through other agencies such as Vocational Education, Department of Institutions, Crime Control

Commission, Welfare Department, and others. Many of these funds are being used to establish and operate rehabilitation facilities. The Facilities staff of the Division of Vocational Rehabilitation must coordinate closely with these various funding agencies to insure that facility needs are being met and that high quality services are being provided under the directives of the state Facility program.

Another change which will affect planning relationships as far as this agency is concerned is that under directives from the Federal Government, each state has been required to hire a staff person specifically for the purposes of planning and evaluation of rehabilitation programs, facilities, and projects. This person will be required to review and update the needs, goals, and recommendations as identified by the Statewide Planning Project for Vocational Rehabilitation services. The Facilities staff and Advisory Committee will be working closely with this person in the continuing development of the state Facilities program.

ADVISORY COMMITTEE

The existing Facility Advisory Committee represents approximately a third of the original committee which served in the development of the Montana State Plan for Facilities and Workshops.

The Committee members and the planning area which they represent are as follows:

Chairman - I. Wayne Eveland
New York Life Insurance Company
Helena, Montana

Area I William McClaren, Dean of Students
Flathead Valley Community College
Kalispell, Montana

- Area II George Stocking, Executive Director
Easter Seal Rehabilitation Center
Great Falls, Montana
- Area III Robert Kissell, Executive Director
Butte Sheltered Workshop
Butte, Montana
- Area IV Mrs. Elizabeth O'Donnell
Director of Special Education
Billings, Montana
- Area V Gerald F. Butcher, Superintendent
Eastmont Training Center
Glendive, Montana

The role and function of the Advisory Committee for rehabilitation facility planning is as follows:

I. Purpose

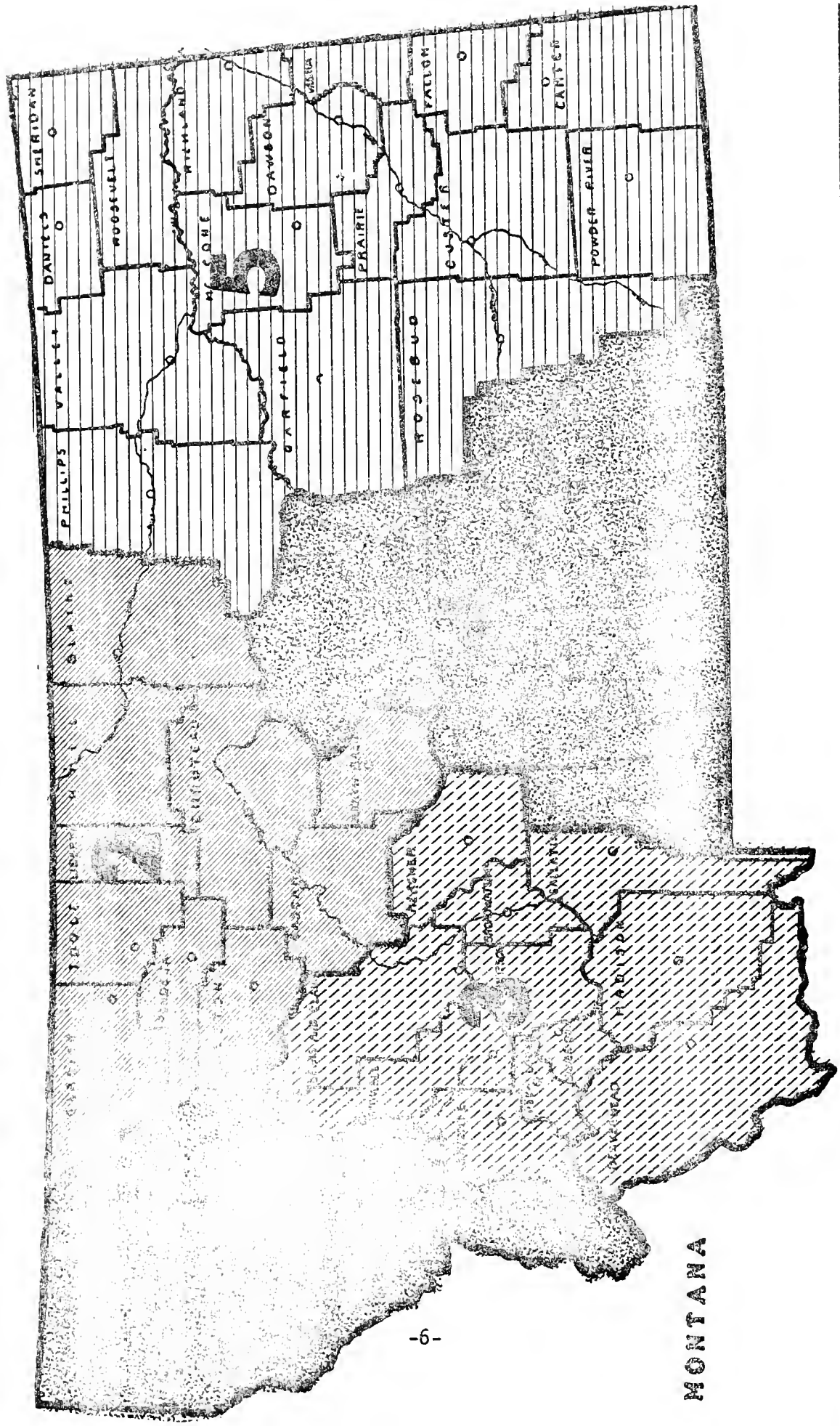
- A. Represent public and private interests as they pertain to rehabilitation facility planning.
- B. Serve in an advisory capacity to the rehabilitation facility planning staff.
- C. Advise and assist in the development of a continuing State Plan for Rehabilitation Facilities within Montana.

II. Function

- A. The focus of committee concern will be the present and future workshop and rehabilitation facility needs of the disabled people in Montana.
- B. The Committee will advise the planning staff on:
 - 1. Current status of rehabilitation facilities in Montana.
 - 2. Immediate and long-range needs of Montana rehabilitation facilities.
 - 3. Requirements and standards for a continuing program to evaluate such needs and assess the effectiveness of programs developed to meet these needs.

- C. The Advisory Committee, in addition, will be concerned with the following:
1. Serve as a source of information to the planning staff as to problem areas or areas of rehabilitation service deficiency.
 2. Advise on methods of maintaining quality service and effective utilization of centers.
 3. Take into consideration upgrading and expanding existing facilities prior to new development.
 4. Advise on rehabilitation facility need based on population, geography, and disability factors.
 5. Assist in development of a priority list for rehabilitation facilities.
 6. Consider methods of implementation of final recommendations to solve current needs.

"THE FIVE STATE PLANNING AREAS"



EXPLANATION OF ENTRY CODES
FOR
INVENTORY FORM

1. Enter name or number of planning area.
2. Enter the city or town, county and name of workshop or facility listing all workshops or facilities in each city or town consecutively in alphabetical order. List out-of-State facilities and workshops separately.
3. Type of Facility:
 1. Rehabilitation Center -- an organizationally autonomous and legally constituted entity providing a range of services in the field of rehabilitation.
 2. Rehabilitation Center (general hospital or university unit) -- similar to #1 but represents a part or unit of a larger medical complex.
 3. Evaluation Unit -- an organized program of services, usually physically separate, designed to identify the individual's assets and liabilities as they relate to vocational objectives. Such units may be found in State institutions, public schools, etc.
 4. Workshop -- provides evaluative and therapeutic vocational services and/or remunerative employment to the severely disabled.
 5. Other -- If this category is used, identify what type of facility it is.
4. Enter the sponsorship of the workshop or facility, using the following codes:

<u>PUBLIC</u>	<u>NONPROFIT</u>
1. City	6. Community nonprofit association
2. County	7. Church affiliated
3. State vocational rehabilitation agency	8. Other nonprofit
4. Other State	
5. Other public	

5. Enter interest which sponsor has in property, using the following codes:

1. Own	2. Rent or Lease	3. Rent Free
--------	------------------	--------------

6. List major disability groups being served. Include only those groups which comprise a significant proportion, at least 10 percent of the total caseload.
7. Services. Enter services provided in the facility or workshop using the following code:
 1. Medical evaluation - Services involving medical diagnostic procedures and consultative evaluations.
 2. Medical management - Services involving the progressive treatment and supervision of client medical problems as related in all program areas while in residence or attendance at the facility.
 3. Physical Therapy - Includes the general area of physical restoration services rendered by physical therapists.
 4. Occupational Therapy - Includes the application or use of any occupations for remedial purposes under the direction of occupational therapists.
 5. Speech and hearing services - Includes the services rendered by speech pathologists, audiologists, and related personnel.
 6. Psychological - Includes services related to the mind and mental functioning, particularly as demonstrated in behavior.
 7. Social Service - Includes the services rendered by a social worker, family counselors, and similar personnel working in the field of social adaptation.
 8. Vocational counseling - Includes the process of vocational guidance, selection, and follow-up.
 9. Vocational Evaluation - Services related to the determination of the adaptability of individuals to particular careers or lines of endeavor by behavioral observation through an organized process of job tryouts and sampling, either simulated or actual.
 10. Vocational Training - Includes services rendered in connection with the fitting of a client for gainful employment. Such work normally is performed by vocational instructors, occupational skill instructors, industrial arts instructors, and similar types of teachers.
 11. Job Placement - Services rendered in connection with providing jobs for clients, usually done by vocational counselors or placement specialists.

12. Workshop Employment

- a. Transitional - workshop employment of a temporary duration where clients, after suitable work adjustment training and exposure, are expected to go on to the competitive fields.
- b. Extended - workshop employment of an enduring or permanent duration under circumstances where there is little chance of the client moving to a competitive environment and where he must continue under sheltered and protective conditions.
- c. Work Activities - Provision of therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make their productive capacities inconsequential.

13. Other - Any other service which is not covered by the above categories.

8-A through 8-D. In the following columns, differentiate between in-patient and out-patient statistics by underscoring in-patient statistics.

- 8-A. Enter the total number of clients who were served by the facility during last fiscal or calendar year.
- 8-B. Of the total number in 8-A, enter the number referred or sponsored by the State vocational rehabilitation agencies (regular and blind).
- 8-C. Enter the average number of clients being served daily by the facility or workshop.
- 8-D. Enter the percentage of utilization represented by the figure in 8-C compared with the total capacity of the facility.

State Workshops and Rehabilitation Facilities Plan
INVENTORY
Form I
RSA-11 (Revised)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration
Washington, D.C. 20201

Form Approved
Budget Bureau No.

State Agency MONTANA

Area #1	Location		Name of Facility	Type of Facill.	Sponsorship of Program	Sponsors Interest in Property	Disability groups served	Services	No. of Clients Served Last Yr.	VR Referrals Last Year	Average Daily Caseload	Percentage of Utilization
	City or Town	County										
1	2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d
	Miss-oula	Miss-oula	Open Door	5	6	2	Alcoholic Drug Addiction	6, 8, 13	48	15	5	50
	Miss-oula	Miss-oula	Missoula Rehab. Center	1	6	1	Cerebral Palsy, Poliomyelitis, Arthritis, Multiple Sclerosis, Stroke, Traumatic Injuries	2, 3, 4, 5, 6	936	17	23	30
	Miss-oula	Miss-oula	Goodwill Indus. of Missoula	4	8	2	Ment. Retarded, Physically Handicapped	12 b.	25	3	8	100

State Workshops and Rehabilitation
Facilities Plan
INVENTORY

Form I
RSA-11 (Revised)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration
Washington, D.C. 20201

Form Approved
Budget Bureau No.

State Agency MONTANA

Area #2	Location		Name of Facility	Type of Facilit.	Sponsorship of Program	Sponsors Interest in Property	Disability Groups served	Services	No. of Clients Served Last Yr.	VR Referrals Last Year	Average Daily Caseload	Percentage of Utilization
	City or Town	County										
1	2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d
	Great Falls	Cascade	Big Sky Spec. Indus.	4	4	2	Mental. Retard., Vis. Hand, Phy. Hand.	6, 8, 9, 10, 11, 12	24	7	14	50
	Great Falls	Cascade	Park Place	5	5	1	Stroke Ind. Injur.	2, 3, 4	30	8	6	25
	Great Falls	Cascade	Providence Manor	5	6	2	Alcoholic Public Offender, Drug Addic.	2, 7, 8, 11	163	109	22	75
	Havre	Hill	Northern Mont. Council on Alcohol and Other Dependent Drugs, Inc.	5	6	2	Alcoholic Drug Addiction	6, 7	95	4	9	65

State Agency
MONTANA

Area #3	Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsors Inter- est in Property	Disability groups served	Services	No. of Clients Served Last Yr.	VR Referrals Last Year	Average Daily Caseload	Percentage of Utilization
	City or Town	County										
1	2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d
			Helena	4	3,5	2	Mental. Retard., Vis. Hand., Phy. Hand., Emotional Disorders	6,8,9, 10,11,12	40	37	12	50
						1	Mental Retard., Vis. Hand., Phy. Hand., Emotional Disorders	6,8,9,10 11,12	90	54	42	95
						3	Mental Retard.	7,8,10, 13	17	14	9	100

State Workshops and Rehabilitation
Facilities Plan
INVENTORY
Form I
RSA-11 (Revised)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration
Washington, D.C. 20201

Form Approved
Budget Bureau No.

State Agency MONTANA

Area #4	Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsors Inter- est in Property	Disability groups served	Services	No. of Clients Served Last Yr.	VR Referrals Last Year	Average Daily Caseload	Percentage of Utilization
	City or Town	County										
1	2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d
	Bill- ings	Yellow stone	Blgs. Voc. Eval. and Specialized Training Center	4	3,4, 6	2	Mental. Retard., Phy. Hand., Emot. Dis., Disadvant.	6,8,9 10,11,12	21	20	12	60
	Bill- ings	Yellow stone	Big Sky Halfway House	5	6	2	Alcoholics	7,8,11	17	11	6	75
	Bill- ings	Yellow stone	Special Serv. Center	5	5	3	All phys. Disabil., Indians	6,7	180	50	15	75
	Bill- ings	Yellow stone	Rimrock Foundation	5	6	2	Alcoholics and their Families	6,7	179	10	10	75

State Workshops and Rehabilitation
Facilities Plan
INVENTORY
Form I
RSA-11 (Revised)

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration
Washington, D.C. 20201

Form Approved
Budget Bureau No.

State Agency MONTANA

Area #5	Location		Name of Facility	Type of Facil.	Sponsorship of Program	Sponsors Inter- est in Property	Disability groups served	Services	No. of Clients Served Last Yr.	VR Referrals Last Year	Average Daily Caseload	Percentage of Utilization
	City or Town	County										
1	2a	2b	2c	3	4	5	6	7	8a	8b	8c	8d
	Miles City	Custer	Miles City Halfway House	5	5	2	Alcoholics	6,7,8,11	5	2	5	40
	Glen- dive	Dawson	Eastmont Train. Cent.	5	4	1	Mental. Retard.	2,7,13	60	N/A	36	78
	Glas- gow, Miles City, Glen- dive	Valley Custer Dawson	East. Mont. Region 5 Mental Health Center	5	5	2	Learning Disabil., Behavior Disorders, Mental. Retard., Public Offenders, Phy. Hand., Psychiat. Disorders	6,7,8,11	4 370	128	23	100

REHABILITATION FACILITIES DESCRIPTION

Rehabilitation Facility development has been slow in Montana until the last two years at which time considerable growth has taken place particularly in the areas of workshops and halfway houses. Due to the newness of many of these programs, statistical information as called for on the inventory forms was not relevant, and these forms were omitted from last year's addendum. This information has been presented on the preceding pages, and the narrative description of these facilities by planning areas follows.

PLANNING AREA I

Missoula Rehabilitation Center

2829 Fort Missoula Road
Missoula, Montana 59801

This facility was formerly called the Missoula Crippled Children's Treatment Center and operated primarily as a physical therapy center in the basement of the old Community Hospital. Last year, with the use of Hill-Burton funds, a new building was completed on the grounds of Fort Missoula. This new facility has new, modern equipment, and they have expanded their staff to include occupational therapy, speech and hearing, psychological services, vocational and social services, and home health services.

The new Community Hospital is currently being built directly adjacent to the rehabilitation center, and construction is scheduled to be completed early in 1972. The hospital will provide the medical services and other supportive resources to make the Missoula Rehabilitation Center the first comprehensive rehabilitation facility in the

state. The staff, medical consultant, and Board of Directors are well oriented to this philosophy, and with the help of a staffing grant from the Division of Vocational Rehabilitation, this facility will continue to develop along these lines.

The center has a well-qualified director and a capable staff; however, they are not serving near the people they could serve or who need their service. This is due to the fact that all patients are served on an out-patient basis at this time. With the completion of the hospital, residential and in-patient clients can also be served; and with the more comprehensive services that will be developed as a result, more referrals will be forthcoming from purchasing agencies such as the Division of Vocational Rehabilitation, Welfare Department, and the Industrial Accident Board.

The Open Door

650 West Pine
Missoula, Montana 59801

The Western Montana Council on Alcoholism originally developed this facility as the Missoula Halfway House. During the past year, this program has had a change in the Board of Directors, and to some extent, a change in philosophy. The Board initially changed its name and articles of incorporation to the Western Montana Council on Alcoholism and Other Drug Dependence due to the growing concern and need for a program dealing with drug abuse problems in the Missoula community. There was some dissension, both on the part of staff and Board members; and as a result, the facility now has a new staff and a few new Board members and is called The Open Door.

The existing facility still continues to function as a halfway house for alcoholics and drug problem cases; however, the Board is still trying to obtain the house next door so that they can run two somewhat autonomous programs, one for alcoholics and one for drug cases. Latest planning indicated they wished to include an Information and Referral service on drugs in the existing building and include a counseling center in addition to the live-in facilities.

A natural result of these program and staff changes has been disorganization and a lack of adequate service to clients. It is definitely felt that additional space is going to have to be acquired if they are going to develop the kind of program they are planning. They do have University of Montana support and the potential for a solid rehabilitation program if they can only coordinate all of their resources and philosophies.

Goodwill Industries of Missoula

230 West Pine
Missoula, Montana 59801

This is the first Goodwill Industries to come into the state of Montana and began primarily as a subsidiary of Spokane Goodwill Industries. They are now operating independently of support from Spokane, and the staff and clients served are all from the Missoula community.

The program is traditional Goodwill in that salvage and small repair from community donations is its primary medium. They do provide limited vocational training, and of course, sheltered employment, but the director is quite rehabilitation oriented and tries to move

the clients out into competitive employment whenever possible.

The program is still quite small, serving approximately eight clients on an average day, and it is unlikely that the facility can expand without additional funding for staffing and physical space. It is uncertain at this time whether the program will offer professional services such as counseling, work evaluation, etc., or whether they intend to remain in their present capacity.

PLANNING AREA II

Big Sky Special Industries

801 Second Avenue North
Great Falls, Montana 59401

This new facility features a sheltered workshop program funded by Vocational Education (handicapped) funds administered through the Great Falls school system and the area Vocational Technical school. The program began operations last September, providing services for the mentally retarded, physically handicapped, emotionally disturbed, and visually impaired client.

The facility is currently housed in rented space in the basement of the old DeMolay building; however, plans are being made to construct a new facility on the grounds of a proposed new campus for the Vocational Technical Center. This program will soon outgrow its physical facilities if it continues to develop.

The services being offered include vocational evaluation, work adjustment training, limited occupational skill training, counseling and psychological services, and limited sheltered employment. They have a very small staff, and as has already been pointed out, the program will need additional space and more staff before it will be able to expand.

This program appears to be suffering from growing pains as they have had some staffing and administration problems as well as the common workshop problem in Montana of finding sufficient contract and sub-contract work to serve as many clients as they possibly could serve. Indications are that there will be some administrative and

staff changes made in the near future, but at the time of this writing, plans are not yet definite.

Providence Place

121 Commercial Avenue
Great Falls, Montana 59401

This halfway house program has developed into one of the most active and productive in the state. They are continuing to provide services purchased by this agency for the alcoholic client, drug problem cases, and the ex-felon.

This facility was originally established as a multidisability halfway house, and to a limited extent it still is, in the three basic categories of disabilities it serves. These particular groups seem to be working out well together under this program and staff and clients alike are comfortable in this setting.

They have expanded their program to include women clients who are housed in a separate building across town. In addition, they are trying to secure new physical facilities for the men as they are running close to capacity a good deal of the time. The present building is no longer adequate to serve the population being served.

The staff is quite limited, but they do have a good Board of Directors and a well-qualified director, and the success they are having in their rehabilitation program points this out. Counseling and psychological services are provided through the College of Great Falls and other interested professionals in the community. In addition, many self-help techniques are used, and the director has been very successful in locating employment for these clients. It is felt that this facility will continue to provide high-quality rehabilitation services.

Park Place Nursing Home

15th Avenue South and 32nd Street
Great Falls, Montana 59401

This facility is primarily a private nursing home, but through the efforts of a progressive director, they have developed a physical rehabilitation program in one wing of the building. They have sent members of their nursing staff to special rehabilitation training sessions, and most of the rest of the staff are on contract from hospitals and other facilities in the community.

The services being provided include physical therapy, occupational therapy, psychological and home care training. The clientele primarily served are the severely disabled, including stroke victims, the industrially injured, paraplegics, and quadriplegics.

This facility has the support of a large segment of the medical society in Great Falls, and they serve clients from a large geographical portion of the state. Most of their referrals come from the Industrial Accident Board and the Welfare Department at this time. The director has plans for developing a fully comprehensive rehabilitation facility, but they are a long way from that goal at this point. At this time, no definite plans have been made for additional staff, physical space, or expanded programs. Community support will also be a large factor in the development of this program.

Northern Montana Council on Alcohol
and Other Dependent Drugs, Inc.

307 First Street
Havre, Montana 59501

This non-profit community sponsored facility has been in operation

since December, 1970. Since that time, it has been concentrating its services, i.e., social and psychological services in the form of individual and group counseling on alcoholics and drug addicts (physically or psychologically dependent). The services of Alcoholics Anonymous are also available to house clients.

While the present staff is well qualified, it is inadequate in number and in the professional strength required for the problem areas served. A further concern regarding staff is a funding resource for their salaries next fiscal year as the present OEO staffing grant will be discontinued.

In addition to the above mentioned programs and services, they are operating a residential halfway house program for a capacity of fourteen clients. The Division of Vocational Rehabilitation has only recently started purchasing services from this facility, but hopefully, with this added support, the facility will be able to serve more clients.

PLANNING AREA III

Helena Industries
1325 Helena Avenue
Helena, Montana 59601

This workshop program is jointly being sponsored by the Helena Model Cities agency and the Division of Vocational Rehabilitation. Their program has steadily grown over the past year with the addition of new staff members and more clients being served.

The physical plant is still highly adequate; however, like the other workshops in the state they are having difficulty in obtaining sub-contract work. In future years, if substantial contracts are obtained, a larger facility will have to be found. They have a well-qualified staff and are providing quality rehabilitation services to all disability groups. They currently have a staffing grant with the Division of Vocational Rehabilitation and a Facility Improvement grant through Rehabilitation Services Administration. This will enable them to expand their program into the community to include on-the-job evaluations and job placement and follow-up services. This program has a great deal of potential for becoming one of the finest workshop facilities in the state.

Butte Sheltered Workshop
207 South Montana
Butte, Montana 59701

In the past year, this facility has completed a remodeling and expansion program which has given them approximately one-third more usable workshop space. This remodeling was done with the use of Hill-Burton funds, and the matching monies being supplied by the Butte Model City Agency.

The Butte Sheltered Workshop is steadily expanding its program. They have a very capable staff and perhaps the most diversified workshop program in the state. In addition to all of the professional services being provided, they also have an activities center program and a number of permanent sheltered employment positions.

The Butte program has been more successful than the other workshops in the state in securing good contract and sub-contract work. They have recently started a hot lunch program for their clients and are currently developing a grant for a training curriculum to be connected with the hot lunch program.

The Division of Vocational Rehabilitation is satisfied with the services being provided by this workshop and will continue to support its growth through a staffing grant and the purchase of services for clients in the Butte area.

Paul Clark Home

207 Excelsior
Butte, Montana 59701

This group home is a transitional residence for previously institutionalized mentally retarded females about to attempt adjustment to independent life in the community. Reciprocity between the group home's sponsor, i.e., the Department of Institution's Division of Aftercare and the Division of Vocational Rehabilitation is displayed by the DVR counselor stationed at Boulder being the referral agent for a majority of the Paul Clark Home residents last fiscal year and the Aftercare counselor referring a number of the Home residents to the DVR field counselor in Butte for services. Even though the home itself serves only as a residence, other services

obtained outside the home are provided to the residents such as vocational training, special education classes, and three hours a week of classes in activities of daily living.

PLANNING AREA IV

Billings Vocational Evaluation and Specialized Training Center

3615 Montana Avenue
Billings, Montana 59102

This new workshop program came into existence in January 1971 and started accepting clients in March of this year. The facility is being jointly funded by the Division of Vocational Rehabilitation and Vocational Education (disadvantaged) funds administered through Billings School District #2 and the area Vocational Technical Center.

A unique feature of this facility is the fact that it has two administrative bodies, one being the local school district and the other being the Board of Directors of the Billings Sheltered Workshop, Inc. The school district is primarily responsible for the evaluation and training programs, while the Board of Directors is responsible for the contract work, business activities, sheltered employment, and other aspects of the total program. This arrangement came about through funding requirements for Vocational Education funds, which state that these funds must be administered by the local school district. The Billings Sheltered Workshop, Inc. is a private non-profit group of citizens who have been trying to develop a workshop in Billings for several years, but were unable to obtain funding. The two agencies were able to combine resources and responsibilities, and so far, this dual administration has worked out fairly well.

The director of this Billings program is continuing to use a modified version of the Jewish Vocational Services job sample kit for the preliminary work evaluation.

The program started out as a vocational evaluation center, but is now working toward a total workshop program. They have ample physical space to permit expansion of the program, but their main concern at this time is soliciting contracts for the workshop. This must be accomplished before additional clients can be served in the true rehabilitation process. They do have a backlog of clients waiting for services.

The staff they presently have is sufficient; however, they do need a contract procurement person badly. Hopefully, this will be able to be arranged for this next fiscal year. The Billings Workshop program has a lot of potential, and it is felt that it will develop into a fine rehabilitation facility. It's services are severely needed, because at this point, the Billings Workshop program is trying to serve the needs of all eastern Montana.

Big Sky Halfway House
807 South Broadway
Billings, Montana 59102

This residential facility operated by a completely volunteer 24-hour staff of one director (former concerned alcoholic) is understaffed. Residents of the house contribute what they can to its maintenance. Because the Division of Vocational Rehabilitation views a quality potential in this facility, it has offered its support by purchasing services. Shaky beginnings due to lack of financial support, a constant turnover in staff, and what appears to be an insufficient amount of community support have stunted the facility's growth. The present

house director of two months and other supportive concerned interests are looking for a source of funds for the continuation and upgrading of the only halfway house in Billings known to the Division.

Special Services Center
1500 North 30th Street
Billings, Montana 59102

This very necessary program to offer special, needed services to special students, i.e., the physically disabled and American Indian students at Eastern Montana College, began the fall quarter of 1970. Because of the increasing financial capability of these two groups to attend college, this program as an aide to these students in adjusting to the college environment is most deserving of expansion if funding is available. The Division of Vocational Rehabilitation has referred almost a third of the Service Center's present caseload to them. Such action is in line with the goals of the Division of Vocational Rehabilitation, i.e., to offer more and better services to all physically disabled, with an emphasis on the American Indian. Thus, the present staff of one Director and two counselors may have to be necessarily expanded.

Rimrock Foundation
804 North 29th Street
Billings, Montana 59102

This agency, the result of community efforts through the United Neighbor Fund and private donation, serves alcoholics and their families. Services offered include individual and group counseling, as well as public education. The present staff has proven to be well qualified and adequate to meet needs expressed to date. However, expansion is being contemplated as feasible through absorption of the Foundation by the Mental Health Center in Billings.

PLANNING AREA V

Eastern Montana Region 5 Mental Health Center

502 2nd Avenue South
Glasgow, Montana 59230

Executive Building
Miles City, Montana 59301

Dilworth and Ames
Glendive, Montana 59330

The theory of this Center, i.e., the delivery of mental health services to the 16 counties of rural Eastern Montana is a mobile one with a team approach. Services include testing, counseling, and psychotherapy (individual and group) with testing in the schools being the service most in demand. While the seven professional staff are well qualified, their small number is inadequate and over utilized because of the sparse population and long distances involved. Due to their mobility, their three offices are adequate for the staggered schedule of the present number of staff.

A very positive aspect utilized in this rural mental health concept is the use of community volunteers who are responsible for public education. These community volunteers plus the Board of Directors, i.e., 16 County Welfare Directors maintain an updated record of community needs.

If a funding source can be located, the expansion of these outreach services will be undertaken in the form of hiring more staff and establishing full scale offices in Glendive and Sidney.

Eastmont Training Center

P. O. Box 1383
Glendive, Montana 59330

This residential and day care facility for the mentally retarded is sponsored by the Department of Institutions. Services offered include room, board, and personal and academic adjustment. Some of the facility clients attend Special Education classes in Glendive. The remainder receive adjustment training at the Center during those hours.

The Division of Vocational Rehabilitation becomes involved with the clients once they reach the age of sixteen. DVR involvement at this time compensates for the lack of vocational training or adjustment at the Center. Funds have been requested for such training plus the extra staff and facilities needed for such an undertaking.

Miles City Halfway House

Miles City, Montana 59301

This CAP-sponsored residential facility is serving the 16 counties of Eastern Montana. The local representatives of the Employment Service, Vocational Rehabilitation, the Department of Welfare, and the clergy, all in conjunction with the House alcoholic counselor provide appropriate services to House residents, utilizing a team approach. Thus, social services, vocational, personal, and spiritual counseling, as well as job placement and training can be provided. House residents are expected to contribute \$80 per month for room and board. Anticipated maximum length of stay at the House is three months.

While the House and its staff have proven adequate in their two month's existence, the 1,200 self-admitted alcoholics in the 16 counties of Eastern Montana would be enough motivation for future expansion.

IDENTIFICATION OF REHABILITATION SERVICE DEFICIENCIES

The Montana Division of Vocational Rehabilitation Facilities planning staff and the Facilities Advisory Committee are still adhering to the Base-Satellite concept of facility development for Montana, as adopted in the original Facility planning phases. It is felt to be the most effective and logical system for so large a geographic area, which is relatively sparsely populated.

In the last two years, Montana has gone through a rapid growth of facility development. The original Facilities Plan identified Montana's facility needs as development of workshops, rehabilitation centers, and halfway houses. In this two-year period, we have seen an increase from one to four workshops; from none to one rehabilitation center; and from one to six halfway house programs. In addition, there are at least five other programs that fall into one of these three categories which are being planned to begin in the near future.

It must be pointed out that most of these new facilities are suffering from growing pains and that many of their programs are not fully developed; and as a result, all of their services are not of as high a quality or as comprehensive as is desirable. With this information in mind, it is logical to see where it will be several years probably before any satellite facilities are developed. Most of these facilities will have problems enough in developing good solid programs of their own without taking on satellite facilities.

Many of the new facilities, still in the planning stages, are being urged to consider development as a satellite of an existing facility and perhaps, the unavailability of Federal funds for

establishment of rehabilitation facilities will help persuade them along this line of thinking.

In the areas of unmet needs as described in last year's addendum, we have seen workshops develop, as recommended, in Billings and Great Falls. These two cities were chosen as communities where there are large numbers of disabled people who can benefit from these services and also because of the fact that they are large enough to support a large base type of facility in the base-satellite concept. Hopefully, these two facilities will be developed to the point where they will be able to fill this role.

While several more halfway house programs were developed, they were all primarily alcoholic oriented, leaving the state without facilities for some of the other disability groups. One other area seen as an unmet need has been in the area of services to the Indian population of Montana.

During the past year, the Division of Vocational Rehabilitation was able to obtain an innovation grant for a demonstrating project on the Northern Cheyenne Reservation. Realizing that this is a very small dent in the Indian problem since there are six other Indian reservations in the state equally in need of concentrated service, we are attempting to demonstrate new types of service that can best help the Indian people. In the future, I am sure that we will be expanding similar programs to the other Indian reservations of the state.

Those areas still seen as areas of unmet needs or as being areas of rehabilitation service deficiencies include the following, but not necessarily listed by priority:

1. Montana still has need of Comprehensive Rehabilitation centers because most of the catastrophically disabled patients are still being sent out of state for treatment and rehabilitation. The Missoula Rehabilitation Center will develop to the point where it will be able to meet some of these needs, but a similar comprehensive facility should be established in Billings or Great Falls to more adequately meet the needs of the state.
2. In the area of workshop programs, it is felt that emphasis should be placed on fully developing the existing facilities so that strong base facilities are established and that any new facilities that are being planned be encouraged to affiliate as a satellite shop of one of the existing workshops. In future years, and if need warrants the development of additional large workshops, one or two may be developed possibly in Missoula and one somewhere in Eastern Montana.
3. Another area of need still lies in the development of halfway house programs, supervised living quarters, group homes or whatever name is currently popular. The need exists for a facility of this nature where institutional patients can go after treatment to adjust personally and vocationally to society. It has been pointed out that although some such facilities have been established, they have been alcohol and drug oriented, which

is fine, but the need still exists for the mentally ill, mentally retarded, and the public offender.

The Aftercare Division of the Department of Institutions has met with some success in establishing facilities, such as the Paul Clark Home in Butte and the Department of Institutions, and are aware that this need exists. Lack of funds to operate these facilities seems to be the major problem; however, under new funding through Developmental Disabilities, hopefully, some gains can be made in this area.

4. Another area of rehabilitation service deficiency is in the lack of personnel to work with clients that have been released from the state institutions. The Division of Vocational Rehabilitation has a counselor located on the grounds of most of these institutions, but there is no one in the field to do follow-up and give supportive services except the already over-burdened general caseload counselor. It has been shown that formerly institutionalized clients need a great deal of supervision and special supportive services, and this holds true for all institutionalized people--the juvenile delinquent, the ex-felon, the mentally ill, the retarded, etc.

It is recommended that special counselors be placed in the field to work with this large population of clients through an agreement, joint funding, or whatever means possible with the Department of Institutions.

5. The Montana State Hospital is still very much in need of a rehabilitation program on the grounds. As it is now, rehabilitation must be effected in the field through the general caseload counselors; and as has already been pointed out, these counselors do not have the time to do an adequate job with these clients. The problem has traditionally been the lack of funds to establish a meaningful rehabilitation program at the Hospital. It is recommended that this facility be given priority when funding does become available.
6. It has been pointed out that rehabilitation services to Montana's Indian clients has been deficient. We are looking to our demonstration project to give us some insights into these problems, and it is possible that some type of facilities may have to be developed on the reservations to adequately meet these people's needs. At any rate, a concentration of effort will be needed if rehabilitation of the Indian client is to be successful.
7. Other areas of Rehabilitation service deficiencies have been with the Public Welfare recipient and the aging population. The two DVR-DPW projects (offering rehabilitation services to Welfare clients in rural Montana) have provided a strong beginning for the lessening of this deficiency. With one year of experience behind them, the project staff are anticipated to have the capability of serving more Welfare recipients more

adequately. Some of the aged (defined as 55 years old and older) are included in this Welfare group. For obvious reasons, the aged are difficult to work with. The Division plans to continue its practice of no upper age limits. With the State Director and other DVR staff active on state committees for the White House Conference on Aging, this aged segment of the population should become more aware of rehabilitation services available to them.

PRIORITIES

It has already been pointed out that Montana has gone through a rapid expansion period as far as rehabilitation facilities are concerned in the past two years. The Division of Vocational Rehabilitation has received many requests for Federal funds to establish or expand rehabilitation facilities, and relatively few of these requests have been able to be granted because of the unavailability of both state and Federal funds to be used for these purposes.

With the limited funds available, it is obvious that a system of priorities must be developed and if this system is to serve a purpose and not an end, it must be flexible and revised as different needs arise or other circumstances change.

Montana has met several of its goals in facility development, and each year certain priorities are removed from the list and new ones added. Last year, for instance, Billings and Great Falls were priority locations for workshop programs. These programs have been established; and, of course, the Division of Vocational Rehabilitation will continue to support them, but other areas of need will be moved up on the list of priorities when new funding is available.

The Division of Vocational Rehabilitation will continue to process applications for Federal funding and work closely with the various communities and organizations within the state who are interested in developing rehabilitation facilities. In addition, the agency will work with existing facilities in an effort to improve and expand their scope of services and to implement the base-satellite concept.

Close relationships will be maintained with all planning and funding agencies so that cooperative projects and joint funding can be implemented so increased services to all of the disabled of Montana will be affected. This close cooperation and joint funding is becoming imperative due to the fact that federal funds are being channeled through many different agencies at this time.

In view of the foregoing rehabilitation service deficiencies, the following list of projects and rehabilitation facilities has been established as priorities:

1. The establishment of a rehabilitation program at the Montana State Hospital for the Mentally Ill.
2. The development of group homes or halfway house programs to serve institution-release clients.
3. The establishment of additional programs and/or facilities to expand rehabilitation services to the Indian reservations of Montana.
4. The addition of new programs and techniques that are being developed through the joint Welfare-DVR project in Chinook and Glasgow to expand services to the disabled Welfare clients.

CONTINUING ACTIVITY

The Montana Division of Vocational Rehabilitation will submit annually a modification of this State Plan including both quantitative data and narrative statements substantiating changes occurring since the writing of the previous plan addendum. The changes in future addenda will reflect the following:

1. Membership or Advisory Committee changes.
2. Planning relationships with other agencies.
3. Changes in the planning areas of the state.
4. Inventory of existing facilities, including narrative evaluation of utilization practices when so indicated.
5. Identification of rehabilitation service deficiencies.
6. Identification of facility need by planning area or by the state needs.
7. The priority list shall be revised and kept current so that rehabilitation facility goals can be achieved.

Montana is in the process of Executive Reorganization of state government, and with this, is coming a uniform but different redistricting system which will affect many areas of the Rehabilitation Facilities planning program. These changes will probably be indicated in the 1972 Facilities plan addendum.

The goal of Rehabilitation planning for facilities will remain to make vocational rehabilitation services available to more handicapped individuals in the state through an on-going process to encourage development and expansion of facilities and resources in Montana without duplication and with maximum utilization.

